



AF/3637
Docket: 6479

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	John G. Spakousky	
Application No.:	09/390,435	
Filing Date:	September 7, 1999	Examiner: P. Tran A
Title:	COMPOSITE BUILDING BLOCK WITH CONNECTIVE STRUCTURE	Group Art Unit: 3637

TRANSMITTAL LETTER

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this document is being sent via First Class U.S. mail addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on this 27 day of May, 2003.


KrisAnne Popovits

Dear Sir:

The following documents are enclosed in connection with the above-referenced patent application:

1. Notice of Appeal (2 pages);
2. Fee Determination (After Amendment of Claims) (1 page);
3. Check No. 954444 in the amount of \$160; and
4. Return Receipt Postcard.

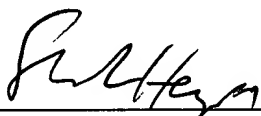
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GROUP

Respectfully submitted,

DORSEY & WHITNEY LLP
Customer Number 25763

Date: May 27, 2003

By: 
Stuart R. Hemphill
Reg. No. 28,084
Intellectual Property Department
Suite 1500
50 South Sixth Street
Minneapolis, MN 55402-1498
(612) 340-2734



FEE DETERMINATION (After Amendment of Claims)

Complete if Known

Application No.	09/390,435
Filing Date	September 7, 1999
First Named Inventor	John G. Spakousky
Group Art Unit	3637
Examiner Name	P. Tran A
Atty. Docket Number	6479

Claims as Amended in Response to Office Action dated: 02/25/2003

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>04-1420</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u></p> <p><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2. <input checked="" type="checkbox"/> Check Enclosed</p>		<h3>3. ADDITIONAL FEES</h3> <table><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr><tr><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1,450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1,970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1,300</td><td>650</td><td>Issue Fee-Utility/Reissue</td><td></td></tr><tr><td>320</td><td>160</td><td>Notice of Appeal</td><td>\$160</td></tr><tr><td>320</td><td>160</td><td>Filing brief in support of appeal</td><td></td></tr><tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>110</td><td>55</td><td>Terminal Disclaimer Fee</td><td></td></tr><tr><td>110</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr><tr><td>1,300</td><td>650</td><td>Petition to revive – unintentional</td><td></td></tr><tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>180</td><td>180</td><td>Submission of IDS</td><td></td></tr><tr><td>750</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr></tbody></table>		Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	110	55	Extension for reply within first month		410	205	Extension for reply within second month		930	465	Extension for reply within third month		1,450	725	Extension for reply within fourth month		1,970	985	Extension for reply within fifth month		1,300	650	Issue Fee-Utility/Reissue		320	160	Notice of Appeal	\$160	320	160	Filing brief in support of appeal		280	140	Request for oral hearing		110	55	Terminal Disclaimer Fee		110	55	Petition to revive – unavoidable		1,300	650	Petition to revive – unintentional		130	130	Petitions to the Commissioner		180	180	Submission of IDS		750	375	Request for Continued Examination (RCE)	
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<h3>AMENDMENT FEE CALCULATION</h3> <p>1. EXTRA* CLAIM FEES</p> <table><thead><tr><th>Claims Remaining after Amendment</th><th>Highest Number Previously Paid for</th><th>Present Extra</th><th>Fee from Below*</th><th>Additional Fee</th></tr></thead><tbody><tr><td>Total</td><td>24</td><td>=</td><td>x \$9.00</td><td>=</td></tr><tr><td>Indep.</td><td>4</td><td>=</td><td>x \$42.00</td><td>=</td></tr><tr><td>First Presentation of Multiple Dependent Claim</td><td></td><td>x</td><td></td><td>=</td></tr><tr><td colspan="5">Subtotal (1)</td></tr></tbody></table> <p>*Calculation of Extra Claim Fees</p> <table><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Fee Description</th></tr></thead><tbody><tr><td>18</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>84</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>280</td><td>140</td><td>Multiple dependent Claim</td></tr><tr><td>84</td><td>42</td><td>Reissue independent claims over original patent</td></tr><tr><td>18</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table>		Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	Total	24	=	x \$9.00	=	Indep.	4	=	x \$42.00	=	First Presentation of Multiple Dependent Claim		x		=	Subtotal (1)					Large Entity Fee	Small Entity Fee	Fee Description	18	9	Claims in excess of 20	84	42	Independent claims in excess of 3	280	140	Multiple dependent Claim	84	42	Reissue independent claims over original patent	18	9	Reissue claims in excess of 20 and over original patent	<p>Other fee (specify):</p> <p>RECEIVED JUN 05 2003 GROUP 3600</p> <p>Subtotal (2) \$160.00</p> <p>Total Amount of Payment: \$160.00</p>																						
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Submitted by:

CUSTOMER NUMBER

25763

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Signature:

Stuart R. Hemphill

Date: 5/27/03



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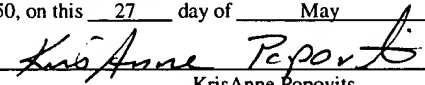
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NOTICE OF APPEAL TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES

Mail Stop AF

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this document is being sent via First Class U.S. mail addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on this 27 day of May, 2003.


KrisAnne Popovits

Sir:

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner. The appeal is made from rejected claims 1-15, 17-21, 24, 35, 38, 40, 41, and 45-52. The right to request an oral hearing is reserved.

The fee for this Notice of Appeal is (37 CFR § 1.17(b))		\$320.00
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR § 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:	<u>\$160.00</u>
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Office is hereby authorized to charge any additional fees associated with this notice, or credit any overpayments, to Deposit Account 04-1420.	
<input type="checkbox"/>	A petition for extension of time under 37 CFR § 1.136(a) (PTO/SB/22) is enclosed.	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		

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GROUP 3600

I am the		
<input type="checkbox"/>	applicant/inventor.	_____ Signature
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR § 3.71. Statement under 37 CFR § 3.73(b) is enclosed. (Form PTO/SB/96)	_____ Date
<input checked="" type="checkbox"/>	attorney or agent of record.	<u>Stuart R. Hemphill</u> Typed or printed name
<input checked="" type="checkbox"/>	attorney or agent acting under 37 CFR § 1.34(a). (Insert Reg. No.)	<u>28,084</u> Reg. No. (if applicable)
<i>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</i>		
<input type="checkbox"/>	*Total of ____ forms are submitted.	

Respectfully submitted,

DORSEY & WHITNEY LLP
Customer Number 25763

Date: May 27, 2003By: 

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